EXHIBIT 961-107

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM COMMUNITY SERVICE AGENCY TITLE XIX CERTIFICATIONINTENT TO CONTRACT FORM

Providers/applicants submitting applications for Community Service Agency Title XIX Certificatio nApproval will submit applications through one T/RBHA, but may contract with multiple T/RBHAs to provide CSA services. As such, the following serves as verification that the provider/applicant either contracts with, or intends to contract with, other T/RBHAs.

	has a entered into a contract with	
T/ RBHA Name Here		Provider/Applicant Name Here

for the provision of behavioral health rehabilitation and/or support services.

OR

Initial Effective Date: 7/01/2016

¹ Exhibit reviewed with DBHS Policy 404 form(s) and updated to align with revisions to AMPM 961.

It is the intent of	to enter into	o a contract with
<u></u>	HA Name Here	Provider/Applicant Name Here
for the provision of behavio	oral health rehabilitation an	nd/or support services.
Signature of T/ RBHA Rep	resentative	.46
Printed Name of T/ RBHA	Representative	
Telephone Number		